

WISCONSIN NATIONAL AND COMMUNITY SERVICE BOARD

AMERICORPS MEMBER ELIGIBILITY CONFIRMATION

Use of form: The AmeriCorps Provisions require all subgrantees of the Corporation for National and Community Service to verify citizenship, age, and education to determine eligibility for AmeriCorps service. The Wisconsin National and Community Service Board requires all subgrantees to complete all sections of this form to determine an individual's eligibility for AmeriCorps prior to WBRS enrollment. Failure to use this form could result in findings of unallowable costs, program probation and / or contract termination. Provision of your social security number is required under the AmeriCorps Provisions and will be used by the National Service Trust Office for the purpose of verifying program enrollment and completion and distribution of earned education award(s).

Instructions: Parts 1, 2, and 4 of this form are to be completed by an AmeriCorps program staff person. Part 3 must be completed by the AmeriCorps member. Wisconsin Act 315, Statute 69.24 prohibits the copying of birth certificates, with a few exceptions (610.50) that do not apply to AmeriCorps programs. The program must keep a signed complete original of this form in each member file.

Program Year From _____ To _____ (yyyy) (yyyy)	Name - AmeriCorps Member	Social Security Number - AmeriCorps Member
---	--------------------------	--

1. U.S. Citizenship or Permanent Resident Alien Status

☐ Yes I have reviewed at least one of the following original certified documents to confirm the individual's U.S. citizenship or resident alien status.

Document	Document I.D. No.	Name - Issuing Agency and State	Date Issued (mm/dd/yyyy)
Birth certificate showing that the individual was born in one of the 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, or the Northern Mariana Islands			
Unexpired U.S. passport			
FS-240. Report of birth abroad of a U.S. citizen issued by the State Department			
FS-545. Certificate of birth - foreign service issued by the State Department			
DS-1350. Certification of report of birth issued by the State Department			
N-560 or N-561. Certificate of U.S. Citizenship			
N-550 or N-570. Certificate of U.S. Naturalization			
I-551. Alien Registration Receipt Card (a/k/a Permanent Resident Card since 12/98)			
INS Form I-94. Departure Record indicating the INS has approved it as temporary evidence of lawful admission for permanent residence			
Passport indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence			

Document	Document I.D. No.	Name - Issuing Agency and State	Date Issued (mm/dd/yyyy)
Secondary documentation: If primary documentation is not available, the program must obtain written approval from the Corporation that other documentation is sufficient to demonstrate the individual's status as a U.S. citizen, U.S. national, or lawful permanent resident alien.			

2. Age

I have reviewed the following photo ID(s) to confirm the individual's eligibility and / or confirm the individual's age:

Yes	No	Document	Document I.D. / Serial No.	Birthdate (mm/dd/yyyy)	Name - Issuing Agency and State	Date Issued (mm/dd/yyyy)
<input type="checkbox"/>	<input type="checkbox"/>	State-issued driver's license				
<input type="checkbox"/>	<input type="checkbox"/>	State-issued ID card				
<input type="checkbox"/>	<input type="checkbox"/>	Other government issued ID(s) - List below.				

Provision 6.g. requires that individuals under eighteen years of age provide written consent from a parent or legal guardian to participate in AmeriCorps.

I, _____ provide consent for _____ to participate in AmeriCorps.
 Name - Parent or Legal Guardian (Print) Name - Member (Print)

SIGNATURE - Parent or Legal Guardian

 Date Signed (mm/dd/yyyy)

3. High School Diploma or Equivalency

I certify that I, _____
 Name - AmeriCorps Member (Print)

☐ have a high school diploma **OR** equivalency

OR

☐ will work to obtain a high school diploma, GED, or HSED during my term of service **AND** obtain a high school diploma, GED, or HSED prior to using my education award **AND** have not dropped out of elementary or secondary school in order to enroll as an AmeriCorps member.

SIGNATURE - AmeriCorps Member

 Date Signed (mm/dd/yyyy)

4. Certification by AmeriCorps Program Staff

I certify that _____ is eligible to participate in AmeriCorps.
 Name - AmeriCorps Member (Print)

 Name - AmeriCorps Program Staff Person (Print)

SIGNATURE - AmeriCorps Program Staff Person

 Title - AmeriCorps Program Staff Person (Print)

 Date Signed (mm/dd/yyyy)